

State of Tennessee



Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Eighth Avenue North, 8th Floor
Nashville, TN 37243
(615) 741-2555 / (615) 253-5173 (fax)

WARNING: False or misleading statements
Subject to maximum \$5,000 penalty. T.C.A. §48-101-514

OFFICE USE ONLY

Date Stamped

SUMMARY OF FINANCIAL ACTIVITIES
OF A
PROFESSIONAL SOLICITOR
FOR A SOLICITATION CAMPAIGN

INSTRUCTIONS:

Professional solicitors must use this form to report financial activities for each individual solicitation campaign conducted for a charitable organization. This financial report shall be filed with the Secretary of State not more than ninety (90) days after a solicitation campaign has ended or ninety (90) days after the end of the fiscal year end of any solicitation campaign that lasts more than one (1) year.

A professional solicitor that receives donations on behalf of a charitable organization, has access to the funds raised and/or has any authority over a charitable organization's bank accounts shall file with the report an audit conducted by an independent certified public accountant.

NAME OF PROFESSIONAL SOLICITOR:
NAME OF CHARITABLE ORGANIZATION ON WHOSE BEHALF THE CAMPAIGN WAS CONDUCTED:
CAMPAIGN PERIOD: Beginning Ending
PSID#:
COID#:
CAMPAIGN#:

GROSS REVENUE FROM CAMPAIGN:

- Telemarketing
Direct Mail
Door-to-Door
Thrift Store
Internet Fundraising
Other

TOTAL CAMPAIGN RECEIPTS: \$

EXPENDITURES:

Attach an itemized list of all expenses

TOTAL CAMPAIGN EXPENDITURES \$

RECEIPTS PAID TO/RETAINED BY CHARITABLE ORGANIZATION \$

- 1. Did the Charitable Organization pay for any campaign expenses from the amount of receipts shown to have been paid to/or retained by them.
2. If there is a "Remainder or Deficit," attach a detailed explanation.
3. Is the audited financial report of the solicitation attached?

SIGNATURE SECTION

This report must be signed by an authorized official of the professional solicitor and two (2) authorized officials of the charitable organization.

I / we certify that the information furnished in this financial report and all continuation sheets is true and correct to the best of my / our knowledge. **This form must be signed in the presence of a Notary.**

Signature of Authorized Officer of Professional Solicitor

Print Name

Title

Date

Notary Seal

Sworn to and Subscribed before me at:

City / State

This _____ day of _____, 200_____.

Notary Signature

My commission expires: _____

Signature of Authorized Officer of Charitable Organization

Print Name

Title

Date

Notary Seal

Sworn to and Subscribed before me at:

City / State

This _____ day of _____, 200_____.

Notary Signature

My commission expires: _____

Signature of Authorized Officer of Charitable Organization

Print Name

Title

Date

Notary Seal

Sworn to and Subscribed before me at:

City / State

This _____ day of _____, 200_____.

Notary Signature

My commission expires: _____